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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 29452/39269

First Inventor Eli Cohen

Title PROTOCOL AND APPARATUS FOR
DETERMINING HEPARIN-INDUCED
THROMBOCYTOPENIA

Express Mail Label No. EV323778539US

22154 U.S. PTO
210/63453
08/05/03**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 26]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table,
 or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
5. Oath or Declaration [Total Sheets]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 CFR 1.63(d))
 (for continuation/divisional with Box 18 completed)
 i. **DELETION OF INVENTOR(S)**
 Signed statement attached deleting
 inventor(s) named in the prior application,
 see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: MS Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

7. CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 a. Computer Readable Form (CRF)
 b. Specification Sequence Listing on:
 i. CD-ROM or CD-R (2 copies); or ii. Paper
 c. Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
Certified Copy of Priority Document(s)
15. (if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i)-
Applicant must attach form PTO/SB/35 or its equivalent.
17. Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____

Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	04743		OR	<input checked="" type="checkbox"/> Correspondence address below
Name	MARSHALL, GERSTEIN & BORUN LLP Anthony G. Sitko			
Address	233 S. Wacker Drive, Suite 6300 Sears Tower			
City	Chicago	State	IL	Zip Code 60606-6357
Country	US	Telephone	(312) 474-6300	Fax (312) 474-0448

Name (Print/Type)	Anthony G. Sitko	Registration No. (Attorney/Agent)	36,278
Signature	_____ Richard Zimmermann		
Date	August 5, 2003		

I hereby certify that this correspondence and each document referenced herein as being enclosed or attached are being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV323778539US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 5, 2003

Signature: *Richard Zimmermann* (Richard Zimmermann)

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 438.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Eli Cohen
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	29452/39269

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number 13-2855

Deposit Account Name MARSHALL, GERSTEIN & BORUN LLP

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims 27	-20** = 7 x 9.00	= 63.00
Independent Claims 3	-3** = _____ x _____	= 0.00
Multiple Dependent	_____	= _____

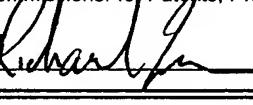
Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		63.00

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Anthony G. Sitko	Registration No. (Attorney/Agent)	36,278	Telephone (312) 474-6602
Signature		Date	August 5, 2003	

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